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26753 7590 08/28/2009

ANDRUS, SCEALES, STARKE & SAWALL, LLP
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JOANN KUCZYNSKI	(Depositor's name)
<i>Jo Ann Kuczyński</i>	(Signature)
10-29-09	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/583,515	03/21/2007	Michael F O'Rourke	000877/0002	1448

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINATION OF CENTRAL AORTIC PRESSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALLARI, PATRICIA C	3735	600-485000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ATCOR MEDICAL PTY. LTD.

WEST RYDE, AUSTRALIA NSW 2114

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

Edward R. Williams, Jr.
 EDWARD R. WILLIAMS, JR.

10-29-09

36,057

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